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Annual Report
of the
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ANNUAL REPORT
OF THE
SURGEON GENERAL,
OF THE
STATE OF WISCONSIN,
FOR THE YEAR ENDING DECEMBER 31, 1865.

MADISON:
ATWOOD & RUBLEE, BOOK AND JOB PRINTERS.
1866.

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EXECUTIVE MESSAGE.

EXECUTIVE DEPARTMENT, }
MADISON, WIS., March 1st, 1866. }

To the Honorable, the Assembly :

I herewith transmit the report of the surgeon general of the state .
as requested by resolution No. 68, adopted by the assembly.

LUCIUS FAIRCHILD.

SURGEON GENERAL'S REPORT.

MILWAUKEE, Dec. 31, 1865.

To His Excellency, JAMES T. LEWIS, Governor of Wisconsin :

SIR :—In my annual report of December 31st, 1864, I ventured the prediction of a speedy and glorious termination of the great conflict then raging fearfully throughout the country ; in view of which fact, I felt encouraged to go on in the discharge of the duties of my position, as best I might, until the long wished for time should arrive. In a little over three months from that date the surrender of the rebel general Lee and his army to our forces, virtually ended the war. One universal burst of thanksgiving and praise to God, the army, the navy and government, welled up from every loyal and true heart in the land ; for preserving in its perfect integrity our national existence ; for securing to all our citizens the full enjoyment of their inalienable rights ; for the establishment of the “ sacred dogma of equality,” as announced in the immortal declaration of independence, and for the signal vindication of the excellence and power of our republican form of government, which will hereafter stand a monument without spot or blemish for the admiration, instruction and protection of mankind.

Desperate and protracted as the struggle has been, it is daily becoming more evident, that all the blood, time and treasure expended was indispensable to the final settlement of the great questions involved, and now, that the conflict of arms is over, may we, in the

final closing up of this eventful period, be able to show to the world the statemanship, wisdom and patriotism of our rulers and legislators, is equal to the task before them; that they have length, breadth and depth of comprehension sufficient to measure, weigh and adjust all issues in such manner as shall best subserve the well being of the people and the government.

Immediately after the end of hostilities, began the reduction of the army, and continued with unprecedented rapidity, until now over eight hundred thousand troops have been discharged, and the department is proceeding rapidly in the work of further reduction.

Following this reduction of the army with equal celerity, were the sick and wounded in hospitals returned to their respective states, or concentrated at other points nearer and more convenient, if unable to travel far enough to reach their homes, so that general hospitals disappeared like the armies that had supplied them with inmates. In this movement Wisconsin was second to no other state. The visit made by your excellency, whom I had the honor and pleasure to accompany, reached nearly every hospital in the country containing Wisconsin soldiers. Vested with authority to return without delay to the state, all who were able to travel, the effect can scarcely be appreciated, except by those to whom the glad tidings were brought, or such others as were present to witness it. That out of the large number who, by this prompt movement, arrived at home months sooner than they otherwise could—many lives were saved—to say nothing of the gratification of an earlier return to others—I have no doubt.

This was the last and most satisfactory trip I took part in, connected with the war—being more a looker on than active participant in the duties connected therewith. It also extended over a wider field than any before entered upon—embracing not only the hospitals at the great centers east of the Alleghanies but those on the Gulf, at Mobile and New Orleans, as well as those on the line of the great rivers west, which, as above stated, comprised nearly all containing any considerable number of Wisconsin soldiers.

The great anxiety of a vast majority of the soldiers of the volunteer army, after the end of active hostilities, was to get home. This feeling was greatly intensified by confinement in hospitals whether from sickness or wounds; whatever, therefore, increased

the prospect for an early return home, was to them the pearl of great price. Under such circumstances, the effect of a visit from the chief executive officer of the state, the object of which was to gratify that intense desire, can be much more easily imagined than described. It can very readily be seen that my occupation was gone—having very little to do except to observe the powerful influence of mind under favorable impressions, over the “ills that flesh is heir to.”

The result of the trip was most satisfactory. Hundreds of the sick and wounded from the various hospitals visited, returned to their homes on the very heels of the expedition, which commenced early in May and ended the last of June.

The United States general hospitals in Wisconsin, have all been closed for several months—the inmates having mostly returned to their homes.

The surgeons and assistant surgeons of the medical staff of our state, like the great body of volunteers, have quietly returned to their former professional labors—in which field, and through the whole balance of their lives, I most cordially wish them all the happiness and success, due to their patriotic labors while serving in the army of the Union.

The subjoined table contains all appointments, promotions, resignations, discharges, dismissals and deaths that have occurred in this department to date.

About the 20th of October, I had the honor to receive through the executive office, a copy of a letter to your excellency, from Hon. Wm. H. Seward, secretary of state, inviting your serious attention to an accompanying letter from the acting surgeon general, U. S., to whom had been referred a dispatch from the U. S. minister at Constantinople, relative to the ravages of cholera in that quarter, &c. The acting surgeon general recommended that the attention of the governors of the states be invited to the facts contained in said dispatch with a view to the prompt establishment of *rigid* quarantine regulations to prevent, if possible the introduction of the cholera into this country. Your excellency referring the subject to me for such suggestions and recommendations as I might think proper to make in the premises.

Feeling no apprehension that the cholera would prevail epidemic-

ally, in the United States, earlier than the warm season of 1866, I deemed it appropriate and believed it would be seasonable to introduce such remarks as I had to make upon the subject in my annual report, which arrangement, I trust, will meet your excellency's approbation.

From the science and practice of medicine, by Wm. Aitkin, M. D., I quote the best definition of cholera I have seen :

"A disease essentially of miasmatic origin, developed under certain atmospheric and terrestrial local conditions in Europe, Asia and America, and capable of being propagated or diffused, to a certain extent, over the surface of the earth, through the atmosphere or in some other way, and also, by means of human intercourse between the healthy and the sick. It is characterized by premonitory diarrhoea, sudden muscular debility, tremors, vertigo, occasional nausea, and spasmodic griping pains in the bowels, depression of the functions of respiration and circulation, and a sense of faintness; copious purging of serous fluid, succeeded by vomiting, and burning heat in the stomach; coldness and a dampness of the whole surface of the body; coldness and blueness of the lips and tongue; cold breath; a craving thirst; a feeble, rapid pulse; difficult and oppressed respiration, with extreme restlessness; suppressed urinary secretion; blueness of the entire surface of the body; a sunken and appalling countenance; a peculiarly suppressed voice; a peculiar odor from the body; partial heats of the precordia and forehead; fatal collapse, or reaction or secondary fever," and I would add, occasional prompt recovery.

No one who has carefully read the above definition of cholera need ever mistake a case, although it be the first seen, and as comparatively very few of our population have ever seen cholera, which in its epidemic form, is so rapidly fatal, that unless remedial measures are resorted to with the utmost promptitude—relief is not to be expected; hence the necessity for recognizing the first symptoms of the attack, when appropriate remedies are very generally successful; but where a brief delay would render the most efficacious means ineffectual. That as many as possible may be qualified to promptly recognize an attack in either themselves or friends is my excuse for making this rather lengthy quotation.

It is not my purpose to enter into the history of this fearful epi-

demic, about which, both by professional and non-professional observers, volumes have been written, that is, enough to make volumes if brought together, within the past quarter of a century. Its eastern origin, as its name implies, "Asiatic cholera," or "cholera Indica," is very generally understood, and that within the present century it has several times spread rapidly over most of the habitable globe, is but too vividly remembered by many who have witnessed at least two of its visitations to our own country; but that it has become indigeneous in many parts of Europe, and even in America, is not so generally understood.

That sporadic cases of cholera occasionally appear in different parts of the United States, is a fact well known to the profession, and proves the correctness of Doct. Aitkin's definition, that it is "developed under certain atmospheric and terrestrial local conditions, in Europe, Asia and America." Well marked cases of Asiatic cholera have appeared in many places in the United States during the past summer—three of which have come under my own observation—one on the Mississippi river, in the month of June, and two in Milwaukee in August—one of the latter fatal. All the cases of the past year, no doubt, originated in "local conditions," entirely independent of epidemic influence. Now, suppose in addition to the local causes which have proved sufficient in some parts of America to develop the disease, we permit the epidemic influence which is rapidly approaching us, and will most probably, in the summer and autumn of 1866, again sweep over the United States—to be superadded—the result will be that the combined power of the two causes will sweep thousands to their graves, who, by timely attention to the "local conditions," might have escaped without an attack. It is very certain we cannot, in any appreciable degree, control the epidemic influence about which we know little or nothing.

The "local conditions" or causes which surround us on all hands are quite different things. With these we are acquainted—we not only know their locality and nature, but how to remove or abate them! Is it not most clearly then the dictate of common sense to free ourselves from this powerful ally of the epidemic? Without this aid, it may pass from the country almost harmless; for no fact, connected with the disease, is better established than that vast num-

bers of persons within its epidemic influence, by a general observance of the laws of health, escape its development. Let it be distinctly understood, that the "local conditions" so frequently alluded to, mean filth in all its various forms, whether in privies, cess-pools, dry wells, damp, unventilated, unclean cellars, undrained sloughs, exposed earth on which is thrown the various slops from the kitchen, etc. etc. All such are nuisances to be abated. In many cases this can best be done during the cold season. After the removal, such disinfectants as will deodorize and thoroughly neutralize every emanation calculated to vitiate the air and load it with the germs of disease, must be freely used; in short, such rigid police should be inaugurated by every family in the land, that the local conditions shall cease to exist.

Nor is this all, the laws of health more directly connected with each individual, in the observance of cleanliness, regularity and temperance in all things, are not to be neglected. Let no one be deceived—intemperate men, whether in the use of stimulating drinks, tobacco or any other vile habit they may have, such as drugging themselves with preventives, etc., will be very apt, according to their predilections and habits, to use and advise repeated potations of brandy—constant fumigation of tobacco smoke, or this or that nostrum—all well meant, but obviously damaging, and often, under epidemic influence, the immediate exciting cause of the disease. Fear, by its depressing effects, is among the most frequent causes in developing cholera, and depends for its existence, more on the common fallacy, that it is taking or contagious, than on all its other supposed or real attributes. I am aware that some of the profession entertain the opinion, that it is contagious. Of such I would inquire, why, in sporadic cases, is it not communicated to physicians, nurses, attendants and all others exposed? Would small pox, in the midst of an unprotected community, end with the individual attacked? All who know anything on the subject, know it would not. Instead of every body escaping, the rule would be, nearly every body exposed would have the disease.

It certainly is not contagious in the common acceptance of the term; that is, it is not contagious as small pox, or other forms of disease universally recognized as such, are contagious. No one can question these facts in sporadic cases, and in its epidemic form the

same facts exist. In '49, I myself, attended hundreds of cases in all stages of the epidemic, many of them being rapidly fatal, exposed to emanations of every description belonging to the worst forms of the disease. If contagious, why did I not contract the disease? I speak of myself, because these are facts about which I do know. The same is equally true of the profession generally throughout the country, and I may add, the world, wherever the cholera prevailed. Does this seem like contagion? It is true, a few doctors, nurses and attendants were attacked; not more, however, than would have been had the epidemic been influenza, or any other non contagious disease.

I know of but one way to secure that perfection of police and general sanitary condition, indispensable to the protection of any or all communities; whether in cities, towns, villages or rural districts, and that is, impressing the fact on each individual family that their immunity from the ravages of this fell disease depends almost entirely on themselves. To this end I submit the following advice and directions, addressing myself to whom it concerns, that is, to every family in the State.

Examine critically every point about your premises, privies, cess pools, dry wells, cellars, the outlet of drains, whether in street or alley, decomposing garbage, manure, or any other nuisance. When submitted to such searching and earnest inspection, but few establishments will be found above sanitary criticism. Having in this way discovered all the "local conditions" requiring attention, the next and important thing is to apply the correctives. During the winter is the time to abate many of the worst nuisances above enumerated. Privies, cess pools, dry wells, damp, foul, unventilated cellars, etc. See to it that they are not only thoroughly cleaned out, but that such disinfections as quicklime, chloride of lime, or some of the metallic salts, as sulphate of iron, chloride of zinc, etc., are freely used. In the use of sulphate of iron and chloride of zinc, a pound of either to a gallon of water is a good proportion. Take care that the sulphate of iron is completely dissolved, and that the chloride of zinc is thoroughly mixed before using. If the material to be disinfected, has an offensive smell, go on with the process till it has entirely ceased. Heaps of manure which are not or cannot be removed, or any other filth so situated, should be covered with fresh

burnt lime, or what is better pulverized fresh burnt charcoal. Any exposed earth, soaked with slops, containing animal or vegetable matter, or both, requires the same treatment. Drains are best treated with chloride of lime, a pound of which will disinfect a thousand gallons of ordinary sewerage. These measures should be resorted to and thoroughly applied during the present winter and on the opening of spring and approaching summer, with the increasing heat, the ratio of vigilance should be at least commensurate therewith.

Suppose we should be so fortunate as to escape the epidemic, will all this labor be lost? By no means, it is what should at all times be observed.

It is not to be supposed that in cities, towns and villages, nor even in the country, will every family put in practice the foregoing suggestions, and if they were to do so, still nuisances and sources of pestilence will be found on a larger scale than those already alluded to, which for their abatement require organized action. A heavy responsibility is resting on all municipal authorities throughout the land. If they neglect the duty of attending seasonably to all necessary police and sanitary measures, in anticipation of the approaching epidemic—whatever of mortality results from such neglect must rest upon them. They cannot excuse themselves on the ground that lack of time, for want of seasonable notice prevented; such notice was served many months since, and even now abundance of time yet remains, if proper energy and attention be devoted to the subject.

As a fair representation of the class of nuisances under consideration, take, for instance, the slaughter houses and their surroundings of the city of Milwaukee—and it is presumable they represent fairly the condition of such establishments elsewhere. There is however, one feature that may be peculiar to the slaughtering establishments of this city, which deserves especial attention. They are situated on the banks of the Menomonee river, which, at this place, runs through an extensive marsh, that, since their erection, until recently, owing to the high stage of water in the lake, has been covered, to a greater or less depth, with water. For eighteen months or two years past the lake has been falling, so that the river is now within its banks and an extensive surface exposed, that for a series of years has been absorbing all the various animal matters

connected with extensive slaughtering establishments. This surface exposed to the heat of the coming summer, which has hitherto had the protection of a covering of water, cannot fail to be a fruitful source of disease, whether cholera prevails epidemically or not, and demands, most emphatically, the attention of the city authorities. In addition to this, in most of the low and level parts of the city, foul drains and ponding of drainage, and general neglect of scavenging, call for prompt attention.

In addition to all that can be done by individuals, families and public authorities—every city and town in the State should be divided into districts of suitable size. In each district a board of health should be organized, one of whose members should be a physician. The duties of this board should be to examine into the sanitary condition of the district; looking carefully to the condition of the poor; advising them in all matters connected with their health; ascertaining whether any premonitions of cholera exists among them, and advising and furnishing such remedies as are necessary to check the disease in season. At short stated periods these boards should report to the authorities, or a central board, during the continuance of the epidemic. Such proceedings will be attended by some expense, but they will prove a large economy in the land, should epidemic cholera call for them.

On the subject of quarantine and other regulations predicated on the contagious character of cholera, I have but little to say. Not believing it contagious, I, therefore, do not believe in the efficacy of such measures to prevent its introduction. Knowing nothing of the epidemic influence, nor of the means by which it spreads over continents and oceans—doubting even the idea, that it is conveyed along the ordinary channels of travel, either by land or water, with any more facility than in directions where such channels of intercourse do not exist—the reason why it appears under such circumstances, being the great numbers present, offering more chances for its development and probably more “local conditions” favoring it. Entertaining such opinions, it would be great folly for me to offer any suggestions on the subject of preventing the introduction of the epidemic influence.

Here I intended to have closed my remarks on this important subject, but having just received, through the post office, a copy of a

report by the "council of hygiene and public health, of the citizens' association of New York, upon epidemic cholera and preventive measures," I am induced, from the exalted professional standing of the committee, as well as from the excellence of the maxims appended to the report, which are as appropriate and valuable here as there, to make them also an appendix to the foregoing, believing they will greatly add to its value.

PRECAUTIONARY RULES AND DUTIES.

1. Avoid all causes of excessive nervous exhaustion; avoid intemperance in eating and drinking; live upon a nourishing diet, and keep the digestive functions in a healthful condition.

2. Avoid and discourage panic and needless anxiety where the epidemic is announced, remembering that in its premonitory stage cholera is generally curable, and that all the exciting causes of the malady can be avoided.

3. Promptly second the efforts of the public authorities in all enlightened plans for protecting the public health, especially in all that relates to civic cleanliness, the abatement of nuisances, and the proper care and feeding the poor.

4. If in business, or charged with any public or philanthropic duty, do not forsake your posts of personal or official labor, except when suffering from premonitory symptoms of cholera or other sickness.

5. Aid and encourage the removal and prevention of the localizing and exciting causes of cholera throughout the district in which you reside.

6. Give particular attention to the drainage, dryness and cleanliness of your premises and the neighborhood, and see to it that the water supply is both pure and sufficient.

7. Inculcate habits of personal neatness.

8. Avoid the employment of purgative drugs, except when prescribed by your physician.

9. Avoid and prevent effluvia from excrementitious matter, sewers, privies, or chamber vessels; frequently and thoroughly disinfect these sources of fever poison.

10. Insist upon the utmost cleanliness and purity of every portion of your apartments, furniture and domicile.

11. Thoroughly and frequently ventilate every apartment in the dwelling, even to the cellars, closets and vaults. This should be aided by fires in open fire places, wherever available.

12. Carefully protect the body from sudden alteration of temperature. Wear flannel, and when exposed to changeable temperature, or suffering any disorder of the bowels, wear a broad flannel band, extending from the top of the hips to the middle of the body.

13. Be prudent in the use of food and beverages, being particularly attentive to quality and digestibility.

14. Bear in mind the fact, that a painless diarrhoea is the most invariable precursor of cholera, and if not immediately and properly treated, it will more probably terminate fatally than favorably.

RULES TO BE OBSERVED IN CASE OF AN ATTACK BY CHOLERA.

1. Soon as attacked by the premonitory diarrhoea, or any symptoms of cholera, seek immediate repose in a recumbent posture, where warmth and a pure atmosphere will be enjoyed. Immediately procure competent medical attendance.

2. Let the excrementitious matters from the sick be disinfected in the vessel as soon as voided, by means of carbonate of lime, sulphate or proto-chloride of iron, coal tar, carbonic acid, or per manganate of potash; and let no person directly use the privy into which such materials are emptied, while cholera is prevailing. Whenever practicable let the evacuated matter be deeply buried in the earth, and immediately covered with quick lime or coal tar and gravel.

3. Let all the vessels and clothing, that are used by the patients, be immediately cleansed with boiling water and soap, or alkaline, chloride or permanganate.

4. Preserve the utmost degree of personal cleanliness of the sick and their attendants.

I will end by quoting the concluding paragraph of the report :

“Every city and village in the land has a common interest with New York in the sanitary care and improvements that are now required for defence against cholera; for this metropolis is at once a chief centre of trade and of peril. In every city, town and domicile let the watchword be *cleanse, cleanse, cleanse.*”

In submitting this, my last annual report connected with the rebellion, I cannot refrain from acknowledging my deep indebtedness

to each respective state administration through the war. The kindness and courtesy uniformly extended by the chief executive and different state departments, have lightened all duties and responsibilities, and have been a constant incentive to faithfulness and perseverance to the end. Having now only to regret that more of utility does not remain behind,

I have the honor to be, very respectfully,

Your obedient servant,

E. B. WOLCOTT,

Surgeon General of Wisconsin.



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